

# Shakespeare for Kids!

## Registration Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F: \_\_\_  
(Last, First)

Address: \_\_\_\_\_  
Street Apt. City State Zip

Telephone: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
(last) (first)

Address: \_\_\_\_\_  
(if different from above)

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

email: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
(last) (first)

Address: \_\_\_\_\_  
(if different from above)

Telephone (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_

email: \_\_\_\_\_

### Health Information:

Physicians Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

### Emergency Contact Information (Please list two people)

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

To reserve your spot, please include a \$50 check made out to Shakespeare for Kids  
and mail to: Carol Upshaw P.O. Box 781 Lafayette, CA 94549